


Simulation training for Police and Ambulance Services: improving care for people with mental health needs

Megan Fisher,¹ Anupama Vishwas,¹ Sean Cross,^{2,3} Chris Attoe ^{2,3}

¹Maudsley Simulation, South London and Maudsley NHS Foundation Trust, London, UK

²Maudsley Learning, South London and Maudsley NHS Foundation Trust, London, UK

³Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK

Correspondence to

Chris Attoe, Maudsley Learning, Lambeth Hospital, London, SW9 9NT, UK; chris.attoe@kcl.ac.uk

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BACKGROUND

Deinstitutionalisation and pressures on mental health services globally have caused a shift of care from inpatient services into community-based settings.¹ To ensure safe delivery of high-quality care, it is important for different agencies and organisations working with people in a mental health crisis to adopt a more joined-up approach.

Police and Ambulance Services are often the frontline professionals helping those experiencing a mental health crisis, a theme evident in health-care systems globally. Despite this growing trend within these professions, there is a lack of effective and appropriate training around mental health. Calls have been made internationally for police force training on mental health conditions, suicide prevention and interagency working, developed in partnership with experts.² Similarly for ambulance services in the UK and first responders internationally, further training has been recommended on mental capacity and applying mental health legislation, among other challenges relating to supporting people in mental health crises.³

Importantly, from a patient's perspective, the knowledge, confidence, and ability of the Police and Ambulance Services to recognise and support those experiencing a mental health crisis is likely to have a significant impact on their experience and care received.

The benefits of interprofessional simulation as an educational intervention have been well described, including improvements in team working and collaborative care.⁴ However, a literature review at the time of the course preparation demonstrated no results for previous interprofessional police and ambulance simulation courses on mental health.

It was in response to this evidence and the need for further training in these areas that Maudsley Simulation developed the course '*Police and Ambulance Service Mental Health Awareness*' (PASMHA).

COURSE DEVELOPMENT

The full-day course was developed with an aim to train police and ambulance staff together. Educational and service leaders from the London Ambulance Service and Metropolitan Police Service were involved, alongside psychiatry trainees, in course design from the outset. These stakeholders collaborated closely to identify relevant themes and scenarios that would stimulate learning via discussion, based on feedback and experiences of police, ambulance and other healthcare staff.

The course aimed to enhance participants' ability to provide compassionate care to those experiencing mental health crises and consider legal frameworks around subsequent decision-making.

Learning objectives

- ▶ Greater knowledge and confidence in recognising and supporting people experiencing mental health conditions, including use of legal frameworks.
- ▶ Enhanced use of non-technical skills in supporting people experiencing mental health conditions.
- ▶ Improved communications and collaboration skills within the multidisciplinary team and between professions.
- ▶ Enhanced ability to manage challenges that can arise when supporting people with mental health conditions in community settings.

The simulation day involved 12 participants, 6 from each profession, using six scenarios based on three clinical cases each followed by a debrief (see [table 1](#)). These scenarios were selected to meet the course learning objectives and provide relatable, relevant experiences for participants to promote discussion and learning. Scenarios were quality assured for accuracy and applicability by senior staff from all teams involved.

Participants for each scenario were carefully chosen to achieve the interprofessional collaborative agenda for the course, involving both a police officer and a paramedic where possible. Participants were asked to attend wearing their uniforms to enhance their ability to suspend disbelief and in turn improve their learning. Professionally trained actors were used as human-simulated patients to play the patients and service users. Actors were trained by service user involvement groups and educators prior to their involvement in the simulation training, to ensure that they were able to portray a character's story and facilitate a flexible, authentic human interaction, rather than a standardised script.

Participants not involved in each scenario observed via live audio-visual link. This was followed by a debrief using the Diamond model to elicit learning around human factors.⁵ Expert faculty from the Police and Ambulance Services attended the training to address technical and procedural questions.

COURSE DELIVERY

The course has been delivered on 20 occasions since its inception and piloting in January 2016, involving



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Table 1 Clinical cases and scenarios used in the training course

Clinical cases*			
Scenario 1	Participant directions	Scenario 2	Participant directions
A 25-year-old man with a diagnosis of emotionally unstable personality disorder. Police and ambulance are called because he is experiencing suicidal thoughts	The participants' task is to take a risk assessment	The second part to this scenario is the patient has taken an overdose but is refusing to go to hospital	The participants' task is to review his capacity around this decision
A 25-year-old man, who has been behaving oddly at home and is increasingly agitated. His mother has called the police secondary to her concern	The aim of the participants is to take a brief assessment and management plan	The second part to this scenario occurs in a place of safety after the same man was detained under a S136. The patient remains agitated	The aim of the participants is to handover, negotiate with staff a management plan of how to de-escalate the patient and what input they should/should not have
A 75-year-old woman at home with dementia and a cough has called the police as she is scared someone has broken in	Together the participants need to think with the patient about an appropriate management plan for her	In the second scenario, a neighbour has called the police after they are concerned about a new man who has moved in with the woman	The aim of the participants is to think about any safeguarding concerns and how to manage them

*Clinical cases are not based on actual patients.

Police and Ambulance Services across London and the South East of England. A total of 196 participants have been training, consisting of 99 ambulance and 97 police staff. An evaluation of this course delivery is being undertaken, involving a mixed methods approach to understanding the impact of the training on participants' human factors skills, attitudes towards mental illness, and professional development and practice.

PRELIMINARY FINDINGS

The use of mental health simulation training for primarily non-medical and non-hospital-based professionals was a novel approach. Not only do these professional groups have different aims when meeting patients in crisis, they may have differing training, protocols and legal frameworks or case law. This was addressed successfully by having experts from police, ambulance, and clinical services to clarify and answer questions. Close collaboration and consultation in course preparation was essential.

Another challenge was to cover a broad range of understanding in the participants. This is a common theme in interprofessional education, but novel in regards to police and ambulance staff relating to mental health. The facilitators responded by iteratively adapting to participants' needs while delivering the course and encouraging participants to share their experiences and expertise.

During debriefs, participants were often task-focused and wanted specific advice and 'answers' on the scenario. As is a theme in simulated practice and debriefing, facilitators challenged this instructive approach in favour of group reflective practice and problem-solving. The context of policing training and culture was considered and addressed explicitly during the courses, and noticeable progressions throughout the training towards reflection and drawing on experiences was observed.

Familiarisation with the debrief model and establishing psychological safety were important factors in this goal.

CONCLUSION

This is the first mental health simulation training course providing interprofessional training for Ambulance and Police staff. It is a novel and innovative training method for improving collaborative working of the Police, Ambulance and Mental Health Services, with positive preliminary findings and a comprehensive evaluation underway. It was a beneficial learning experience for the simulation team and is highly relevant and needed in light of international pressures on emergency and clinical services regarding mental health crises.

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ORCID iD

Chris Attwo <http://orcid.org/0000-0001-5559-2697>

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